

DO NOT WRITE IN THIS SPACE

MONTANA

PR-1

Rev. 8-97

PARTNERSHIP RETURN OF INCOME 1997

For Fiscal year beginning _____ 19____ and ending _____ 19____

To be also filed by Syndicated, Pools, Joint Ventures, etc.

AN EXTENSION OF TIME TO FILE THIS RETURN IS NOT REQUIRED**Return to: Income Tax Division, MT Dept. of Revenue. PO Box 5805, Helena, MT 59604-5805**

NOTE: Attachment of the Federal Partnership return is not required, however the department may request a copy at a later date pursuant to 15-30-133 MCA. Filing of an Individual Income Tax return may be required by the partners.

CORRECT LABEL IF NECESSARY

_____			Principal Business		
Partnership Name			Federal ID#		
Address			Date Dissolved		
City	State	Zip Code	Date Organized		

All requested information below must be completed. If there are more than 8 partners, attach K-1's.

Partner's Share of Income/Loss

Please Type or Print

*Enter all of a resident partner's ordinary income. Enter the portion of ordinary income derived from Montana sources for a nonresident partner.

NAME AND ADDRESS OF EACH PARTNER	SOCIAL SECURITY #	OWNERSHIP%	MONTANA TAXABLE SHARE OF ORDINARY INCOME*
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

TOTAL PARTNERSHIP INCOME (OR LOSS)		TOTAL
Name of person or firm preparing return	Telephone Number	Signature of partner or member

